

**Indiana First Steps
Progress Report
Sample Form**

___ 3-month ___ 5-month ___ 9-month ___ 11-month ___ Other _____

Child Name: _____ **Child ID#:** _____

Date of Birth: _____ **IFSP Date:** _____ **Report Date:** _____

Chronological Age: _____ **Adjusted Age:** _____

Diagnosis: _____

Parent/Guardian Name: _____

Address: _____

Phone Number(s): _____

Service Coordinator: _____

Phone Number: _____ **Fax:** _____

Provider/Discipline: _____

Phone Number: _____ **Fax:** _____

Other Team Members:

Frequency/Intensity of Service as listed on IFSP: _____

Number of visits authorized: _____ **Number of visits attended:** _____

Number of missed visits: _____ **Family reason** _____ **Provider reason** _____

Make-up visit offered: Yes _____ No _____

IFSP Outcomes:

M=Modified **2**=Achieved **1**=Partially met **0**=Little or no progress made

Child Name: _____ DOB: _____

Outcome #:

Strategy:

Comments/Suggestions:

Status of outcome: **2** **1** **0**

New outcome suggested: ____ Modification to outcome recommended: ____

Outcome #:

Strategy:

Comments/Suggestions:

Status of outcome: **2** **1** **0**

New outcome suggested: ____ Modification to outcome recommended: ____

Overall Recommendations:

Provider Signature

Date